

# APPLICATION FOR REACTIVATION OF LICENSE

App for React



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**MUST SEND MONEY ORDER OR CASHIER'S CHECK (FEES ARE NON-REFUNDABLE)**

## PERSONAL DATA:

LAST NAME FIRST M.I.

ADDRESS

CITY STATE ZIP

BIRTHDATE PHONE NUMBER

Social Security #

## SCHOOL ATTENDED FOR REACTIVATION:

NAME OF SCHOOL

ADDRESS OF SCHOOL

CITY STATE ZIP

# OF HOURS FROM TO  
MO/DAY/YR MO/DAY/YR

**ARIZONA LICENSE MAY BE REACTIVATED IF HAS BEEN INACTIVE MORE THAN TWO YEARS AND LESS THAN TEN YEARS PRIOR TO THE DATE OF THIS REACTIVATION.**

## PROOF OF TRAINING MAY BE:

- Statement by responsible school official, on an official letterhead **WITH SCHOOL SEAL**, stating number of hours earned from month/year to month/year.

## OR

- A certified copy of your beauty school transcripts showing hours completed.

## COMPLETE PREVIOUS ARIZONA LICENSE INFORMATION:

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name licensed Under \_\_\_\_\_

IF YOU HAVE A DISABILITY AND NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN BOARD PROGRAMS, INCLUDING RECEIVING THIS INFORMATION IN AN ALTERNATIVE FORMAT, PLEASE CONTACT THE ADA COORDINATOR AT 480-784-4539.